



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Michael Lopez, DC

**Respondent Name**

Praetorian Insurance Company

**MFDR Tracking Number**

M4-14-3387-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

July 14, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "I am resubmitting the claim for payment for the following reasons: THIS IS NOT A DUPLICATE CLAIM/SERVICE. Treating provider has attached dictation outlining key components for patient's office visit. This was included with the reconsideration that was sent to the carrier. Received denial from carrier stating duplicate claim. I'm taking the next step to get the rest of these claims paid and sending all documentation I have to MDR. THESE ARE NOT DUPLICATES. All other claims have been paid at 100%. Therefore, these claims should be paid in full."

**Amount in Dispute:** \$165.84

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Requestor billed for an office visit utilizing CPT code 99214. The documentation/narrative from Dr. Lopez does not support that level of service. The narrative does not contain a detailed history, a detailed examination, or medical decision making of moderate complexity. The narrative also does not support that Dr. Lopez spent 25 minutes face-to-face with the Claimant. Therefore, Respondent's denial of the service was appropriate.

In conclusion, based on the above, no reimbursement should be ordered to Requestor for the dates of service in dispute."

**Response Submitted by:** Downs-Stafford, PC, 2001 Bryan St., Ste. 4000, Dallas, TX 75201

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 27, 2014	99214	\$165.84	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the procedures for determining the fee schedule for professional services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 16 – (16) Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
  - 18 – (18) Duplicate claim/service.

## Issues

1. Did the requestor support the level of service for CPT Code 99214 as required by 28 Texas Administrative Code §134.203?
2. Is the requestor entitled to reimbursement?

## Findings

1. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, “for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided...” Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient.

The American Medical Association (AMA) CPT code description for 99214 is:

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: **A detailed history; A detailed examination; Medical decision making of moderate complexity.** Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family. [emphasis added]

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare guideline to determine the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Detailed History:
  - “An *extended* [History of Present Illness (HPI)] consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions.” Documentation found three chronic conditions listed, thus meeting this element.
  - “An *extended* [Review of Systems (ROS)] inquires about the system directly related to the problem(s) identified in the HPI and a limited number of additional systems. [Guidelines require] the patient’s positive responses and pertinent negatives for two to nine systems to be documented.” Documentation found one system (musculoskeletal) reviewed. This element was not met.
  - “A *pertinent* [Past Family, and/or Social History (PFSH)] is a review of the history area(s) directly related to the problem(s) identified in the HPI. [Guidelines require] at least one specific item from any three history areas [(past, family, or social)] to be documented.” The documentation does not support that any history areas were reviewed. This element was not met.

The Guidelines state, “To qualify for a given type of history all three elements in the table must be met.” A review of the submitted documentation indicates that only one element was met for a Detailed History, therefore this component of CPT Code 99214 was not supported.

- Documentation of a Detailed Examination:
  - A “*detailed examination* ...should include performance and documentation of at least twelve elements [of the Musculoskeletal Examination table].” A review of the submitted documentation finds that only two elements were documented. Therefore, this component of CPT Code 99214 was not met.
- Documentation of Decision Making of Moderate Complexity:
  - *Number of diagnoses or treatment options* – Review of the submitted documentation finds that there were no new diagnoses presented, but that established diagnoses were worsening, meets the documentation requirements of limited complexity. Moderate complexity in this component requires multiple diagnoses or management options. Therefore, this element was not met.
  - *Amount and/or complexity of data to be reviewed* – Review of the documentation finds that the requestor ordered one diagnostic radiology examination and a review of the reports from

another provider. Moderate complexity in decision-making requires moderate complexity of data. The documentation supports that this element met the criteria for moderate complexity of data reviewed.

- *Risk of complications and/or morbidity or mortality* – Review of the submitted documentation finds that presenting problems include three stable, chronic injuries, which present a moderate level of risk; one minimal diagnostic procedure was ordered; and no management options were discussed. “The highest level of risk in any one category...determines the overall risk. The documentation supports that this element met the criteria for moderate risk.

“To qualify for a given type of decision making, **two of the three elements ... must be either met or exceeded.**” A review of the submitted documentation supports that this component of CPT Code 99214 was met.

Because only one component of CPT Code 99214 was met, the requestor failed to support the level of service required by 28 Texas Administrative Code §134.203.

2. For the reasons stated above, the services in dispute are not eligible for reimbursement.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Laurie Garnes  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
January 6, 2015  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**